

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/ 590923

8-25-06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1		
2						
3						
4						
5						
6						
7		1				
8	1		1			
9						
10						
11						
12						
13						
14	1		1			
15	1		1			
16	1		1			
17			1			
18			1			
19			1			
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22			1			
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42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			7			
TOTAL DEP.			27			
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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